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INDICATION FORM**

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	David Aughton
Title	Loss Detection For Open Channel Networks
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	50005-14

I hereby revoke all previous powers of attorney given in the above-identified application.

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Name	Registration Number

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I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/05)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

7/11/06

Name

David Aughton

Telephone

Title and Company

Inventor

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 form is submitted.

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